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00758 7590 11/16/2005

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FENWICK & WEST LLP  
 SILICON VALLEY CENTER  
 801 CALIFORNIA STREET  
 MOUNTAIN VIEW, CA 94041  
 01/24/2006 AKELECH2 00000027 10688087

01 FC:2501 700.00 OP  
 02 FC:8001 30.00 OP

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|                        |                    |
|------------------------|--------------------|
| Robert A. Hulse        | (Depositor's name) |
| <i>Robert A. Hulse</i> | (Signature)        |
| January 20, 2006       | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/688,087      | 10/16/2003  | J. Elon Graves       | 23236-07266         | 9070             |

TITLE OF INVENTION: DEFORMABLE MIRROR WITH PERIMETER WIRING

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$700     | \$0             | \$700            | 02/16/2006 |

| EXAMINER           | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| MARTINEZ, JOSEPH P | 2873     | 359-295000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fenwick &amp; West LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AOptix Technologies

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Campbell, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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☒ The Director is hereby authorized by charge any deficiencies or credit any overpayment, to Deposit Account Number 19-2555 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Robert A. Hulse*

Date January 20, 2006

Typed or printed name Robert A. Hulse

Registration No. 48,473

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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|  |                       |                        |             |
|--|-----------------------|------------------------|-------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence during pendency of filed application)</i> | Application Number    | 10/688,087             |             |
|  | Filing Date           | October 16, 2003       |             |
|  | First Named Inventor  | J. Elon Graves         |             |
|  | Group Art Unit Number | 2873                   |             |
|  | Examiner Name         | Joseph P. Martinez     |             |
| Total Number of Pages in This Submission   | 2                     | Attorney Docket Number | 23236-07266 |

| ENCLOSURES (check all that apply)  |   |
|--|---|
| <input type="checkbox"/> Fee Transmittal Form (in duplicate)<br><input checked="" type="checkbox"/> Check in the amount of 730.00<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Response to Notice to File Missing Parts<br><input type="checkbox"/> Assignment & Recordation Cover Sheet<br><input type="checkbox"/> Declaration<br><input type="checkbox"/> Power of Attorney<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Supplemental Information Disclosure Statement & PTO/SB/08A<br><input type="checkbox"/> Copies of IDS Cited Non-Patent References<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Request for Correction of Recorded Assignment<br><input type="checkbox"/> Amendment/Response: [ ] Page(s)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Status Request<br><input type="checkbox"/> Revocation and Substitute Power of Attorney | <input checked="" type="checkbox"/> Issue Fee Transmittal<br><input type="checkbox"/> Letter to Chief Draftsperson<br><input type="checkbox"/> Formal Drawing(s):<br>[ ] Sheet(s) of Figure(s) [ ]<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |
| REMARKS:   |   |

| SIGNATURE OF ATTORNEY OR AGENT |                                  |        |                  |
|--------------------------------|----------------------------------|--------|------------------|
| Signature:                     |                                  |        |                  |
| Attorney/Reg. No.:             | Robert A. Hulse, Reg. No. 48,473 | Dated: | January 20, 2006 |

| CERTIFICATE OF MAILING   |                 |        |                  |
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| Signature:   |                 |        |                  |
| Typed or Printed Name:   | Robert A. Hulse | Dated: | January 20, 2006 |
| Express Mail Mailing Number (optional):  |                 |        |                  |